



State of California—Health and Human Services Agency
Department of Health Services

Funding Alert



ARNOLD SCHWARZENEGGER
Governor

February 3, 2004

**California Department of Health Services, Tobacco Control Section (CDHS/TCS)
Legal and Policy Technical Assistance and Training
Request for Application (RFA) TCS 04-101**

CDHS/TCS announces a tentative release date of February 27, 2004, for RFA TCS 04-101, **Legal and Policy Technical Assistance and Training**. The purpose of this RFA is to fund two qualified organizations to provide tobacco-related policy and legal/enforcement technical support to CDHS/TCS-funded projects, city attorneys, and county counsels. CDHS/TCS anticipates funding **two** organizations; one to address tobacco control policy technical assistance and training and one to address tobacco control legal technical assistance and training. It is expected that the projects awarded under this RFA will work in close partnership with CDHS/TCS.

Approximately \$4.5 million is estimated to be available for this RFA to fund two (2) agencies. Award amounts are contingent upon the use of multi-year spending authority and available revenues in the governor's Fiscal Year (FY) 2004-05 and FY 2005-06 budgets. The contract period begins July 1, 2004 and ends June 30, 2007, for a project period of 36 months. **The anticipated proposal due date is March 26, 2004.**

To receive a copy of the RFA via mail, please complete the form below and mail, fax, or e-mail the following information **no later than March 2, 2004** to:

Marjorie Rogers
TOBACCO CONTROL SECTION
CALIFORNIA DEPARTMENT OF HEALTH SERVICES
P.O. Box 997413, MS 7206
Sacramento CA 95899-7413
FAX: (916) 449-5505 or (916) 449-5517
e-mail: mrogers1@dhs.ca.gov

A copy of the RFA will be on the DHS website at: www.dhs.ca.gov/tobacco after the release date.

The informational teleconference is scheduled for:

Friday, March 12, 2004
9:30 a.m. – 11:00 a.m.
Bridgeline: (916) 556-1508
Passcode: 1234

PLEASE PRINT CLEARLY – RFA TCS 04-101

Agency Name: _____

Street Address: _____

City/State/Zip: _____

Attention: _____ Phone: _____

Fax: _____ e-mail: _____